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ATTORNEY FOR THE STATE

MONTANA [district #] JUDICIAL DISTRICT YOUTH COURT, [county] COUNTY

IN THE MATTER OF: [name of youth], A YOUTH	CAUSE NO. [cause #] MOTION FOR COST-OF-CARE CONTRIBUTION
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COMES NOW Special Assistant Attorney General [attorney name] and moves this Court to impose a cost-of-care contribution on [parent's name] for the support of his/her minor child pursuant to Mont. Code Ann. § 41-5-1525. The parent has provided all of the required financial information to [RAOs Name], Regional Administrative Officer, Montana Department of Corrections, to assist in the calculation of the financial obligation. [The parent has not provided any financial information to [RAOs Name], Regional Administrative Officer, Montana Department of Corrections, pursuant to the Court's Dispositional Order dated [date of order], so [Mr./Ms./Mrs.] [RAOs last name] has imputed wages at a full-time, minimum-wage job.] Attached are copies of the letters [Mr./Ms./Mrs.] [RAOs last name] sent to the parent (Exhibit A), as well as the Child Support Guidelines Worksheet (Exhibit B).

WHEREFORE, the undersigned respectfully requests that the Court determine [parent's name] pay the Department of Corrections the sum of \$[amount]/month or \$[amount]/day

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pursuant to Mont. Code Ann. § 41-5-1525, for the period of time the Youth is in a Youth Court or Department of Corrections placement.

DATED this [date] day of [month], 20[year].

[Attorney's name], Esq.
Special Assistant Attorney General

CERTIFICATE OF SERVICE

I hereby certify that the foregoing was duly served upon the following by mail, hand delivery, Federal Express or facsimile transmission:

Public Defender's Office
[insert address]

Youth's parent(s)
[insert address]

- ☐ U.S. mail
- ☐ Federal Express
- ☐ Hand delivery
- ☐ Facsimile transmission

DATED this [date] day of [month], 20[year].

[RAOs Name]
Regional Administrative Officer

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